



KENTUCKY BOARD OF LICENSURE FOR LONG-TERM CARE ADMINISTRATORS

P.O. Box 1360, Frankfort, Kentucky 40602 ~ 911 Leawood Drive, Frankfort, Kentucky 40601
(502)564-3296 Extension 226~ <http://ltca.ky.gov>

APPLICATION FOR CONTINUING EDUCATION

Form KBLTCA-4

PLEASE TYPE ALL INFORMATION

1. COURSE TITLE & DATE(S): _____
2. NAMES and QUALIFICATIONS OF INSTRUCTORS (list and attach supporting documentation):

3. ATTACH A COPY OF THE PROGRAM AGENDA INDICATING CONTACT HOURS OF INSTRUCTION AND ALL BREAKS
4. NUMBER OF CONTINUING EDUCATION HOURS REQUESTED (to nearest .25) _____
5. APPLICATION SUBMITTED BY (Select One)

☐ Sponsor/Presenter requesting prior approval (\$50 Fee)

Name: _____

Address: _____

Phone/Email: (____) ____ - ____ @ _____

☐ Licensee/Attendee requesting prior approval (\$25 Fee) **OR** ☐ Licensee/Attendee requesting approval after completion (\$25 Fee)

Name: _____ KY LTCA License # _____

Address: _____

Phone/Email: (____) ____ - ____ @ _____

Mail application along with all necessary documentation and fee at least sixty (60) days in advance of the commencement of the program to the following address:

**KENTUCKY BOARD OF LICENSURE
FOR LONG-TERM CARE ADMINISTRATORS
CEU APPROVAL REQUEST
P.O. BOX 1360
FRANKFORT, KY 40602**

Revised 1/2014